	Case	23-10629-1110	C DOC 19	Filed 04/12/23	Entered 04/12/2	23 13:18:07	Desc Main	
Fill	in this information	to identify your case:		Document Pa	age 1 of 8			
De	ebtor 1	Cory	Nathaniel	Lewis				
Б.	hata a O	First Name	Middle Name	Last Name				
_	ebtor 2 bouse, if filing)	First Name	Middle Name	Last Name				
Un	nited States Bankru	uptcy Court for the:	East	tern District of Pennsylva	ania			
	se number known)	23-10629-m	dc				Check if this is amended filing	an
Off	icial Form	122C-2						
Ch	apter 13	Calculati	on of Yo	ur Disposabl	e Income			04/22
To f		ou will need your co		•	Your Current Monthly Inc	come and Calculation	on of Commitme	nt Period
nee	ded, attach a sepa				both are equally respons additional information ap			
Par	t 1: Calculate	Your Deductions	from Your Inc	ome				
	ourouru to	1041 20440110110		<u> </u>				
lin		e IRS standards, go			in expense amounts. Use trate instructions for this			
the	ey are higher than	the standards. Do no	t include any ope		. In later parts of the form subtracted from income ir n 122C–1.			
lf y	our expenses diffe	er from month to mon	th, enter the aver	age expense.				
No	ote: Line numbers	1-4 are not used in th	is form. These nu	umbers apply to information	on required by a similar for	rm used in chapter 7	7 cases.	
5.	Fill in the numb	er of people who cou additional dependents	ld be claimed as		al income tax return, plus different from the number			
	National Standards	You must use the	IRS National Sta	ndards to answer the que	stions in lines 6-7.			
6.		and other items: Us the dollar amount fo			e 5 and the IRS National		_	\$1,900.00
7.	dollar amount fo who are 65 or o	or out-of-pocket healt	h care. The numb beople have a hig	er of people is split into the her IRS allowance for he	in line 5 and the IRS Nati wo categories—people who alth care costs. If your act	o are under 65 and	people	

Case 23-10629-mdc Doc 19 Filed 04/12/23 Entered 04/12/23 13:18:07 Desc Main

Debtor 1 Cory Nathaniel Decignment Page 2 of 8 Case number (if known) 23-10629-mdc

Last Name First Name Middle Name People who are under 65 years of age Out-of-pocket health care allowance per person \$75.00 4 Number of people who are under 65 Сору \$300.00 Subtotal. Multiply line 7a by line 7b. \$300.00 here People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person \$153.00 7e. Number of people who are 65 or older Λ Copy \$0.00 Subtotal. Multiply line 7d by line 7e. \$0.00 here -\$300.00 Total. Add lines 7c and 7f. \$300.00 Copy here \rightarrow Local **Standards** You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities – Insurance and operating expenses ■ Housing and utilities – Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. \$870.00 Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount \$2,143.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment Midland Mortgage Co \$2,662.00 Pennsylvania Department of Revenue \$0.00 Repeat this amount Copy \$2,662,00 9b. Total average monthly payment \$2,662.00 on line 33a. here 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If \$0.00 \$0.00 Copy here →..... this number is less than \$0, enter \$0. \$0.00 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. Explain why:

Debtor 1 Cory Nathaniel Decignment Page 3 of 8 Case number (if known) 23-10629-mdc
First Name Middle Name Last Name

11.	_		k the number of ve	ehicles for wh	nich you clair	n an owners	ship or operating expense.				
	0. Go to li	_									
	☐ 1. Go to li	-									
	2 or more	e. Go to line 12.									
2.		ation expense: Using the in the Operating Costs the					hich you claim the operating cal area.	\$642.00			
3.	Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.										
	Vehicle 1	Describe Vehicle 1:	2003 Chevrolet S	ilverado							
	13a. Ownersh	nip or leasing costs using	IRS Local Standa	rd			\$588.00				
	13b. Average	monthly payment for all	debts secured by	Vehicle 1.							
	Do not in	nclude costs for leased ve	ehicles.								
	To calculate the average monthly payment here and amounts that are contractually due to each secured months after you file for bankruptcy. Then divide by			creditor in the 60							
	Name of	each creditor for Vehicle	e 1	Average mo	onthly						
	Delaware	e Title Loans, Inc.		\$35.00							
				+		_	- \$35.00				
		Total avorago	monthly nayment		\$35.00	Сору	Repeat this amount				
	Total average monthly payment here → on line 33b.										
	13c. Net Vehicle 1 ownership or lease expense \$553.00										
	Subtract line 13b from line 13a. If this number is less than \$0, enter \$0 Copy net Vehicle 1										
	expense here →										
	Vehicle 2	Describe Vehicle 2:	2003 Chevrolet E	xpress							
	13d. Ownersh	nip or leasing costs using	IRS Local Standa	rd			\$588.00				
	13e. Average	monthly payment for all	Vehicle 2.		_						
	Do not in	nclude costs for leased ve									
	Name of each creditor for Vehicle 2			Average monthly payment							
	OneMain	Financial			\$165.48						
				+			- \$165.48				
		Total average		\$165.48	Copy here →	Repeat this amount on line 33c.					
	13f. Net Vehic	cle 2 ownership or lease	expense				\$422.52				
	Subtract I	line 13e from 13d. If this	number is less tha	ın \$0, enter \$	0						
							Copy net Vehicle 2 expense here →	\$422.52			
 Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the <i>Public Transportation</i> expense allowance regardless of whether you use public transportation. 											
_	Additional nu						you claim that you may also deduct a				

Case number (if known) 23-10629-mdc

Debtor 1 Cory Nathaniel Decignment Page 4 of 8

First Name Middle Name Last Name

Other Necessary In addition to the expense deductions listed above, you are allowed your monthly expenses for the **Expenses** following IRS categories. 16. Taxes: The total monthly amount that you actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, \$3,029.20 social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and \$0.00 uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, \$26.42 include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. \$0.00 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. Education: The total monthly amount that you pay for education that is either required: \$0.00 as a condition for your job, or • for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. \$0.00 Do not include payments for any elementary or secondary school education. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the \$0.00 health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your + \$150.00 dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 122C-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. \$7,893.14 Add lines 6 through 23. Additional Expense These are additional deductions allowed by the Means Test. **Deductions** Note: Do not include any expense allowances listed in lines 6-24. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$33.47 Disability insurance \$0.00 Health savings account \$312.51 \$345.98 Copy total here → \$345.98 Do you actually spend this total amount? ■ No. How much do you actually spend? **✓** Yes 26. Continuing contributions to the care of household or family members. \$0.00 The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your \$0.00 family under the Family Violence Prevention and Services Act or other federal laws that apply. By law, the court must keep the nature of these expenses confidential.

Case 23-10629-mdc Doc 19 Filed 04/12/23 Entered 04/12/23 13:18:07 Desc Main

Debtor 1 Cory Nathaniel Decignment Page 5 of 8 Case number (if known) 23-10629-mdc
First Name Middle Name Last Name

	33e. Total average monthly payment. Add	lines 33a through 33d		\$2,862.48	Copy total here→	\$2,862.48	
			Yes	+			
			□ No				
			□ No □ Yes				
			Yes				
			□ No				
	secured debt	debt	include taxes or insurance?				
	Name of each creditor for other	Identify property that secures the	Does payment				
	33d. List other secured debts:						
	33c. Copy line 13e here			\$165.48			
	33b. Copy line 13b here		→	\$35.00			
	Loans on your first two vehicles						
	33a. Copy line 9b here		→	\$2,662.00			
	Mortgages on your home			yment			
	To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.						
	other secured debt, fill in lines 33a through	Jh 33e.					
33.	For debts that are secured by an interest	in property that you own, including h	ome mortgages, vehi	icle loans. and			
Ded	uctions for Debt Payment						
32.	Add all of the additional expense deduction Add lines 25 through 31.	ons.			[\$345.98	
	Do not include any amount more than 15%	of your gross monthly income.					
31.	Continuing charitable contributions. The religious or charitable organization. 11 U.S	.C. § 548(d)3 and (4).	oute in the form of cas	sn or tinancial instru	uments to a +	\$0.00	
0.1	You must show that the additional amount	·				00.00	
	To find a chart showing the maximum addit This chart may also be available at the ban	kruptcy clerk's office.	ik specilled ill the sep	arate mstructions f	or this iofffi.		
	combined food and clothing allowances in allowances in the IRS National Standards.						
30.	Additional food and clothing expense. Th	than the	\$0.00				
	reasonable and necessary and not already * Subject to adjustment on 4/01/25, and ev	3					
	that you pay for your dependent children w school. You must give your case trustee document	ho are younger than 18 years old to at	tend a private or publi	ic elementary or se	econdary		
29.	reasonable and necessary. Education expenses for dependent children	en who are younger than 18. The mor	othly expenses (not m	ore than \$189.58*	per child)	\$0.00	
	the excess amount of home energy costs You must give your case trustee document	ation of your actual expenses, and you	must show that the a	additional amount c	laimed is	\$0.00	
20.	If you believe that you have home energy of		Φ0.00				
28.	Additional home energy costs. Your home	e energy costs are included in your insu	urance and operating	expenses on line 8	3.		

Case 23-10629-mdc Doc 19 Filed 04/12/23 Entered 04/12/23 13:18:07 Desc Main

Debtor 1 Cory Nathaniel Page 6 of 8 Case number (if known) 23-10629-mdc

Last Name

Middle Name

First Name

34.	Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?						
	□ No. Go to line 35.						
	Yes. State any amount that you possession of your property (call	3, to keep n below.					
	Name of the creditor		Monthly cure amount				
	Midland Mortgage Co	1211 Greenwood Ave Wyncote, PA 19095-2018	\$4,000.00	÷ 60 =	66.67		
		FA 19093-2010	* //	÷ 60 =			
				÷ 60 =			
				Total	\$66.67	Copy total	ФСС C7
35.	Do you owe any priority claims—s bankruptcy case? 11 U.S.C. § 507.	such as a priority tax, child suppo	rt, or alimony—		t due as of the filing	here → g date of your	\$66.67
	☐ No. Go to line 36.						
	Yes. Fill in the total amount of all those you listed in line 19.	of these priority claims. Do not incl	lude current or o	ngoing priori	ty claims, such as		
	Total amount of all past-due	e priority claims			\$49,179.31	÷ 60	\$819.66
36.	Projected monthly Chapter 13 plan	n payment			\$1,000.00		
Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).							
	To find a list of district multipliers the separate instructions for this office.	X 10.00%					
	Average monthly administrative		\$100.00	Copy total here →	\$100.00		
37.	Add all of the deductions for debt	payment. Add lines 33e through 36	i.				\$3,848.81
Total	Deductions from Income						
38.	Add all of the allowed deductions.						
	Copy line 24, All of the expenses al	llowed under IRS expense allowand	ces		\$7,893.14		
	Copy line 32, All of the additional ex	\$345.98					
	Copy line 37, All of the deductions t	+ \$3,848.81					
	Total deductions				\$12,087.93	Copy total here →	\$12,087.93

Entered 04/12/23 13:18:07 Case 23-10629-mdc Doc 19 Filed 04/12/23 Desc Main

Nathaniel Debtor 1

Decyment Page 7 of 8

Case number (if known) 23-10629-mdc

First Name Middle Name Last Name

Par	Dete	rmine You	ir Disposable Income Unde	er 11 U.S.C. § 1325	(b)(2)			
39.			nt monthly income from line 14					\$13,701.39
40.	40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child.							
41.	### Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19).							
42.	Total of al	I deductions	s allowed under 11 U.S.C. § 707	(b)(2)(A). Copy line 38	here \rightarrow	\$12,08	7.93	
43.	and you h expenses circumstar	ave no reason. You must ginces and do	circumstances. If special circumonable alternative, describe the ive your case trustee a detailed cumentation for the expenses. I circumstances	special circumstances	and their	es		
44.	Total adju	stments. Ad	Total	\$0.00	Copy her →	+ \$0.0	_	y here \rightarrow $-$ \$14,082.07
			ly disposable income under § 1	1325(b)(2). Subtract line	e 44 from lir	ne 39.		(\$380.68)
46.	changed c case will b petition, cl	or are virtuall be open, fill in heck 122C-1	expenses. If the income in Form y certain to change after the dat n the information below. For exa in the first column, enter line 2 occurred, and fill in the amount of	te you filed your bankru imple, if the wages repo in the second column,	iptcy petitio orted increa	n and during the tir sed after you filed	ne your your	
F	orm	Line	Reason for change			Date of change	Increase or decrease?	Amount of change
	122C-1 122C-2 122C-1 122C-2						☐ Increase☐ Decrease☐ Increase☐ Decrease☐ Dec	

Debtor 1 Cory Nathaniel

Document Page 8 of 8

Case number (if known) 23-10629-mdc

First Name Middle Name

Last Name

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X Coy Lewis

Signature of Debtor 1

Date <u>04/08/2023</u>

MM/ DD/ YYYY